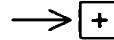


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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0551-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		PU020306
First Named Inventor		Shaily Verma et al
COMPLETE IF KNOWN		
Application Number	/	
Filing Date		
Group Art Unit		
Examiner Name		

**As a below named Inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MULTIMEDIA CONTENT DELIVERY THROUGH WLAN COVERAGE AREAS**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) **June 20, 2003** as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/390,837	June 21, 2002	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number \_\_\_\_\_  Correspondence address below

OR  Correspondence address below

Name JOSEPH S. TRIPOLI

Address THOMSON LICENSING INC.

Address PO Box 5312

City PRINCETON State NJ ZIP 08543-5312

Country USA Telephone 609-734-6815 Fax (609) 734 - 6888

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1-00 NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor

Given Name SHAILY Family Name VERMA  
or Surname

Inventor's Signature Shaily Verma Date 7/7/03

Residence: City SV State CV Country INX Citizenship IN  
Powai, MUMBAL MAHARASHTRA IN

Mailing Address

Mailing Address A-305 "Glengate", Hiranandani Gardens

City SV State MAHARASHTRA ZIP 76 Country IN  
Powai, Mumbai MAHARASHTRA IN

2-00 NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

Given Name CHARLES CHUANMING Family Name WANG  
or Surname

Inventor's Signature Charles Chuanming Wang Date July 10, 2003

Residence: City PA State PA Country US Citizenship US  
Jamison PA US

Mailing Address

Mailing Address 1504 Spearmint Circle

City Pennsylvania State PA ZIP 18929 Country US

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
JUN 		LL 7-10-2003			
Inventor's Signature		Date			
Residence: City	Plainsboro	State	NJ	Country	US
		Citizenship CN			
Mailing Address					
Mailing Address 26 Orchid Drive					
City	Plainsboro	State	NJ	ZIP	08536
		Country US			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence: City		State		Country	Citizenship
Mailing Address					
Mailing Address					
City		State		Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence: City		State		Country	Citizenship
Mailing Address					
Mailing Address					
City		State		Zip	Country

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